File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Journ 50210

Des Moines, Iowa 50319 Fax: 515-281-4073

## FOR INSTRUCTIONS, SEE BACK OF FORM

# **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.



	Keset F	orm		
COMMITTEE NAME (Must be same as on Statement of Organ	nization)			
Warren County Democratic Central Committee		1 1	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: [ (1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (4)County Central Committee (5)County Candidate (6)City Candidate (10)School Bollovision Candidate (10)County PAC (10)City PAC (10)School Bollovision Candidate (10)City PAC (10)City PA	State PAC (3) State Party	cal NC ( Eg	DR-2 Rev. 12/2009) or Office Use Only	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:			ogged In	110
Candidate Name	Political Party (if applicable)	Sc	canned	
Office Sought	District (if Senate or House)	1 1	idited	
Late reports are subject to possible civil and criminal penalties. Pursicandidate's committee, and the chairperson, for any other type of committee of the chairperson of the chairperso	uant to lowa Code sections 68B.32 mmittee, is the individual responsit  515 961-5420 TELEPHONE	ole for filing tir	mely and accurat	e reports. 4,2010
I AM FILING A July 19, 2010	REPORT FOR (1) ELECTIO	N /(2)NON-E	ELECTION YEA	R.
(report date)	Indicate b	` <del></del> -		
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	nittees, enter Date	of Floation
		120021 001111	muces, enter Date	OLECTION
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County & Lo which Electi	ocal Committees, o ion is held	enter County in
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Tota committee. This amount MUST be the same as the ca of the last reporting period or must be zero if this is first	sh on hand at the end	\$	1,935.96	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedule	e A) (*also see in-kind below)	***********	635.00	
Schedule F: Loans Received total (Attach Schedule F	)			
Schedule H: Total Sales of Campaign Property (Attack	Schedule H)			
(Schedule H applies to Candidates' Commi	ittees Only)			
	SUB-TOTAL	\$	2,570.96	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans below	)	237.97	
Schedule F: Loan Repayments total (Attach Schedule	F)			
CASH ON HAND at the end of this reporting period (if final report	rt balance must be zero)	\$	2,332.99	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		·		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu		•		
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	·		<del></del>	<del></del>
CONSULTANT BREAKDOWN (Schedule G Attached?)	· <i>J</i>		YES N	
,			_ 1E0N	0
CANDIDATE COMMITTEES ONLY:	- Oaka data III	_		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attack	Schedule H)	\$		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

## For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Warren County Democratic Central Committee		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6/13/10	ID# CK#	Frances Sharpe 814 N. 10th Phonenix AZ 85007		\$15.00	1
6/13/10	ID# CK#	Don Ruby 3234 Nevada Street StCharles IA 50240		15.00	1
6/13/10	ID# CK#	Linda Phillips 9005 Blue St Norwalk IA 50211		20.00	1
6/13/10	ID# CK#	Beverly Dickerson 1001 E. Ashland Ave Indianola IA 50125		20.00	1
6/13/10	ID# CK#	Paula Martinez PO Box 447 Carlisles IA 50047		25.00	1
6/13/10	ID#	Margret Vernon 401 W. Ashland Ave. Indianola IA 50125		25.00	<b>/</b>
6/13/10	ID# CK#	Leslie Merriman 1203 Hunter Dr. Norwalk IA 50211		25.00	1
6/13/10	ID# CK#	Jerry Beatty 1100 E. Girard Indianola IA 50125	THE SECTION ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT	30.00	1
6/13/10	ID# CK#	Bill Maske PO Box 20 Turo IA 50257		30.00	1
6/13/10	ID# CK#	Scott Ourth 110 Timber LN Ackworth IA 50001		30.00	1
	e e e e e e e e e e e e e e e e e e e		SUB-TOTAL	\$ 235.00	
		TOTAL (if last page o	f this schedule)	e	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumarne of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of (for Schedule A)

SCHEDULE

MONETARY

Reset Form

Reset	For	m	ľ

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES:** NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF

**AMENDING FORM** 

	/h A 4 1	Statement of Organization
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~ ~	figure po sallio de cil	Staternerit di Ordanizanoni

Warren County Democratic Central Committee

5.27	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Loglio Marrimon 1202 II	D' 1	
5/24/10	CK#1358	Leslie Merriman 1203 Hunter Dr. Norwalk IA 50211	Riembursment for Postage and Post Cards. And Recording Sec.Supplies	\$ <sup>110.77</sup>
	ID#	B&B Storage PO Box 57	Storage Unit Rent	
7/14/10	CK# 1359	Bevington Iowa, 50033		127.20
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			<b>†</b>
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 237.97

THIS A	OY ADDI	IES TO	CAND	DATES!	COMMITTE	EER ON V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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#### For Instructions, See Back of Form

### Reset Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Warren County Democratic Central Committee	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	NUMBER	·	(		INCOME
	ID#	Chris Nelson 304 W. 2nd Ave. Indianola IA 50125		\$30.00	
6/13/10	CK#			Ψ30.00	<b></b> _
	ID#				
6/13/10	СК#	Ann Montgomery 304 W. Orchard Ave. Indianola IA 50125		50.00	
	ID#				<del> </del>
6/13/10	CK#	Marilyn Kirkpatrick PO Box 112 New Virgina IA 50210		50.00	
	ID#				<del> </del>
6/13/10	CK#	Unitemized Cash from BBQ		170.00	
	ID# 6133		<u> </u>		<b> </b>
5/25/10	CK# <sub>1060</sub>	South Central Iowa Federation of Labor 2000 Walker St Suite H Des Moines Iowa 50317		100.00	
	ID#	*			t <del></del>
	CK#		: :		<b> </b>
	ID#				
	CK#			·	<u> </u>
	ID#				<b>-</b>
	CK#		. *		<u> </u>
	ID#	<u> </u>			l
er in	CK#				<b>  L</b>
	ID#				I
,	CK#		i ve	100	L
			SUB-TOTAL	<b>\$</b> 400.00	
a de sates La	α	TOTAL (if last page	of this schedule)	<b>\$</b> 635.00	1

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)